



2350 Vanderbilt Beach Road  
Suite 201  
Naples, FL 34109  
Phone: 239-261-2312  
Fax: 239-263-7913

### Venous History

Patient Name: \_\_\_\_\_ Date: \_\_\_\_\_

Problem: \_\_\_\_\_

\_\_\_\_\_

Progression/Complications: \_\_\_\_\_

\_\_\_\_\_

Current Medications: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Allergies: \_\_\_\_\_

Problems with Local Anesthesia:

(YES/ NO)

Symptoms:

aches  heavy/ full  cramping  pain  itching  burning  
 swelling  pelvic symptoms  leg restlessness  ulceration  bleeding

History of Blood Clots

Symptoms interfere with activities of daily living

Conservative Therapy:

1. Vein Compression Stockings  More than 3 months

2. Vein Compression Stockings  More than 6 months

3. Medications:  Advil, Tylenol, Motrin, Aspirin, Aleve  Prescription Medications: \_\_\_\_\_

4. Elevation



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Previous Invasive Treatment:

Surgery:     Stripping- Right Leg     Stripping- Left Leg                      Date: \_\_\_\_\_  
                   Ligation- Right Leg     Ligation- Left Leg                      Date: \_\_\_\_\_

Injections:  Right Leg     Left Leg    complications: \_\_\_\_\_ Date: \_\_\_\_\_

Laser:         Right Leg     Left Leg    complications: \_\_\_\_\_ Date: \_\_\_\_\_

Comments: \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Patient Signature

\_\_\_\_\_  
Julian J. Javier, MD, FACC, FSCAI, FCCP